# IMPLEMENTING TRANSFORMING CARE IN WALES: EVALUATING NLIAH'S ROLE

Report of Findings

for the National Leadership and innovation Agency for Healthcare

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# 1 · INTRODUCTION AND METHODOLOGY

## 1.1 INTRODUCTION

The Welsh Institute for Health and Social Care (WIHSC), University of Glamorgan was commissioned to undertake an evaluation of the role of the National Leadership and Innovation Agency for Healthcare (NLIAH) in the implementation of Transforming Care (TC).

In terms of the Transforming Care programme, NLIAH supports Health Boards across Wales transform the quality and safety of patient care in wards, units and care settings through the implementation of five drivers: Transformational Leadership; Teamwork and Vitality; Value-Added Care; Safety and Reliability; and Patient and Family-Centred Care.

These drivers were developed as an amalgamation of the Institute for Healthcare Improvement's 'Transforming Care at the Bedside' Programme and the Institute for Improvement's 'Releasing Time to Care' Programme. The programme links closely with the 1000 Lives + national programme.

The three NLIAH Service Improvement mangers have taken the approach of providing training to local facilitators and supporting them in spreading the training across care settings. Transfer of knowledge and skills is therefore a key element to the national approach. The programme was launched on 12th November 2009. The underlying principle of TC is to engage staff of all disciplines and at every level within NHS organisations in improving the experience and outcomes of care for patients through five mechanisms:

- by empowering healthcare staff to continuously improve the quality, safety and other fundamentals of the care they provide to patients and service users;
- by engaging multidisciplinary staff at every level in the planning, monitoring, implementation and spread;
- by providing staff with the tools, techniques and support they need to improve the experience and care of patients, carers and service users;
- by ensuring each improvement is sustainable and can be spread as far as possible; and
- by building a vibrant network across Wales to share learning and provide peer support, coaching and mentoring.

In addition there are four specific objectives that TC is designed to achieve:

- To increase the amount of time healthcare staff spend in direct / value added patient care to 70%
- To reduce locally defined adverse events by 50%
- Increase patient satisfaction to at least 95%
- Increase staff satisfaction to at least 95%

It is important to see this report for what it is – a snapshot in time of the strengths and weaknesses of an approach to implementing and sustaining a national programme across a set of local organisations each beset with a range of different pressures and priorities. It is this inherent complexity that helps to explain the variation seen in Table 1 (below). The data in the table gives an indication of the spread of TC to date, and describes the number of wards in Wales that are currently 'transforming care'.

**Table 1** · Number of wards 'Transforming Care' in NHS Wales – January 2012

| Health Board/ Trust | Commencement Date | No. of wards "Transforming Care" | Total no. of wards | % of wards "Transforming Care" |
|---|---|---|---|---|
| Abertawe Bro Morgannwg | January 2010 | 47 | 90 | 52 |
| Aneurin Bevan | June 2010 | 41 | 68 | 60 |
| Betsi Cadwaladr | January 2010 | 50 | 150 | 33 |
| Cardiff and Vale | January 2010 | 70 | 93 | 75 |
| Cwm Taf | January 2010 | 42 | 70 | 60 |
| Hywel Dda | January 2010 | 31 | 82 | 38 |
| Powys | June 2010 | 6 | 10 | 60 |
| Velindre | January 2010 | 3 | 3 | 0 |
| | **TOTALS** | **288** | **566** | **51** |

## 1.2 METHODOLOGY

WIHSC took a qualitative approach to the evaluation in order to ensure that a deep understanding of the themes and issues arising was reached. Before commencing the study, the methodology was subjected to research governance and ethical scrutiny by the National Research Ethics Service and Health Board Research and Development committees. Approval was granted from all these bodies to collect data from ward managers and other ward staff, facilitators, stakeholders and others in order to explore NLIAH's role in implementing the Transforming Care programme.

Some significant differences have emerged between the original methodology as proposed and that currently being utilised, these are described below.

### 1.2.1 Original proposed methodology

#### Baseline data gathering

The original tender document proposed a baseline data gathering exercise, examining the resources developed for the TC programme, identifying key players and examining details of locations involved in the programme throughout Wales. TC is a complex initiative with a series of elements and sub sets of the programme within each element. The research team were reliant upon the good offices of NLIAH Service Improvement Managers to provide such material and to brief the team at the inaugural meeting. Whilst this briefing was as comprehensive as time allowed it was decided to arrange a series of interviews with the Service Improvement Managers to ensure that the fullest picture could be obtained prior to any discussions on the programme with Health Board staff (see below). A wide range of training materials and training presentations were also made available for perusal.

#### Online questionnaire of Transforming Care sites

The initial proposal was to send an online questionnaire to a sample of approximately 150 wards involved in the TC project which would be completed by ward managers. The role of NLIAH in supporting TC was the primary component of the questionnaire, and the survey was intended to

provide ward managers with the opportunity to provide examples of how TC is improving care for patients. The questionnaire attempted to draw out views on how potential barriers to the further implementation of TC might be overcome. The questionnaire specified four areas for examination:

- The training and educational materials received – and how good they were;
- The relationship that wards have with their health board facilitators and NLIAH staff;
- The role that national and local events have played in implementing Transforming Care; and
- How far the resources that are needed to implement Transforming Care have been allocated.

A copy of the ward manager questionnaire is provided in Appendix I.

#### Telephone interviews with stakeholders

The original proposal included a programme of structured telephone interviews with key stakeholders from across NHS Wales and other organisations that have a direct interest in the TC programme. Each interview was intended to take approximately 30 minutes and interviewees would be provided with the questions in advance in order to structure those discussions. The purpose of undertaking individual interviews, rather than focus groups was that this method would allow for a measure of confidentiality and security of response.

#### Ward Visits

Originally described as 'case studies of Transforming Care implementation sites', this component of the evaluation was designed to allow the research team to see at first-hand how TC is being implemented across Wales and to ask ward staff about the role that NLIAH have played. The proposal was to visit 12 clinical venues. The intention was to try to ensure that the visits covered sites where TC was going particularly well along with those who had experienced frustrations in moving the TC forward.

### 1.2.2 'Evolved' Research Methodology

As indicated above circumstances have dictated that the original methodology has needed to evolve in order to take account of the need to hear a larger range of voices in this evaluation.

#### Interviews with Service Improvement Managers

The data gathering exercise clearly needed to be extended to ensure that a full picture of the variations in the ways that Health Boards were working with NLIAH could be taken into account as whilst the materials provided were standardised it was obvious from the inaugural meeting that these materials were being used in different ways across Wales with Health Boards making choices about how training was being delivered. Three semi structured interviews were held with each of the three Service Improvement Managers who were engaged in the programme. The interviews covered their roles, the interface with Health Board facilitators, potential issues for inclusion in the online census, feedback mechanisms and local variations in Transforming Care structures.

#### Census of all TC wards through online questionnaire

It quickly became clear that there would be advantages to making the ward manager questionnaire available to *all* wards in Wales who were participating in the TC programme in order to attempt to gather a range of views from the service at all stages of the implementation process. The original proposal covered an online questionnaire going out to a sample of approximately 150 wards who were engaged in TC. After the inaugural meeting with the NLIAH team it was agreed that the questionnaire would actually be sent to all 290 wards in Wales who have commenced implementation and no

account would be taken of the particular stage they had reached in the process aside from the inclusion of a question specifying the start date for individual wards.

### Facilitator online questionnaire

At a very early stage in the evaluation it became obvious that the diverse roles of ward managers and HB facilitators required a more robust method of gathering their views on the programme and it was agreed that two separate questionnaires would be developed. Clarification regarding the different roles played in the project by ward managers and facilitators led to the decision that a separate questionnaire would be sent to all of the current population of trained facilitators. The rationale behind this decision was based on the fact that all current facilitators had been trained by the NLIAH team and that many of them were providing facilitation to more than one ward. Consequently a wider view would be available from the distribution of a separate questionnaire and a specific set of opinions could be drawn out in relation to the quality of the training provided by the NLIAH Service Improvement team. Whilst the separate facilitator questionnaire covered the same four areas as the ward manager questionnaire, the emphasis of the questions was adjusted to reflect the fact that a facilitator may well be working with more than one ward and that the wards they support were likely to be at very different stages of implementation. A copy of the facilitator questionnaire is provided in Appendix II.

### Telephone interviews with stakeholders

In practise these have proved to be rather more difficult to undertake than was originally thought. It was rather difficult to obtain individuals in specific posts to engage in the evaluation. In order to canvas a wide range of views it was necessary to be less specific about the nature of the role being undertaken by specific interviewees. However, to ensure that this component of the evaluation provided as much information as possible the number of individuals being interviewed has been increased and at the interim stage there are 13 interviews which have been undertaken or scheduled. In order to ensure uniformity of information gathered questions were provided to interviewees from the outset but early responses have resulted in additional questions on implementation problems locally and sustainability plans to be added to the schedule. A copy of the indicative interview questions is provided in Appendix III.

### Depth research with facilitators

Opportunities have arisen for members of the WIHSC research team to undertake focus groups with facilitators as a group to discuss TC and also to observe proceedings at scheduled Steering Group meetings in a number of Health Boards. This will allow both feedback from facilitators and an examination of accountability arrangements and internal processes within Health Boards in relation to the Transforming Care programme.

### Website 'Call for Information'

NLIAH managers kindly agreed to allow the research team to use an announcement of the evaluation on the WIHSC website - http://wihsc.glam.ac.uk/ - to include an invitation to interested parties to comment confidentially on the implementation of transforming care in Wales. The invitation is open to all who may have something to say on the topic of TC.

### Ward visits

At the interim stage of the evaluation only one ward visit has been undertaken to a Community Hospital in Powys. However a further 12 visits are scheduled in Cardiff and Vale and Betsi Cadwaladr

Health Boards covering a wide range of clinical specialties and hospital sites. Further ward visits are planned but not yet scheduled.

### Attendance at Celebratory Conference

Two members of the research team were provided with the opportunity to attend a major TC celebratory event in Cardiff. This proved invaluable, not only as a component of the data gathering exercise but also because the lead nurses in attendance were provided with a draft of the online census and a number of significant modifications were made as a direct result of their input.

### Observation of local training event

A member of the research team was given the opportunity to see at first hand the training delivered by one of the NLIAH Service Improvement Managers on a 'Patient Status at a Glance' training event. The opportunity was also available to explain the WIHSC evaluation to attendees and to meet local facilitators.

# 2 · RESEARCH FINDINGS – WARD MANAGER QUESTIONNAIRE

## 2.1 INTRODUCTION

This chapter is based on the analysis of 23 responses received to date via the online ward manager questionnaire. A copy of the ward manager questionnaire is at Appendix I. The table below shows the distribution of responses according to Health Board/Trust.

**Table 2** · Number of respondents by Health Board/Trust

| Health Board/ Trust | No. of wards "Transforming Care" | No. of respondents |
|---|---|---|
| Abertawe Bro Morgannwg | 47 | 8 |
| Aneurin Bevan | 41 | 8 |
| Betsi Cadwaladr | 50 | 0 |
| Cardiff and Vale | 70 | 4 |
| Cwm Taf[1] | 42 | N/A |
| Hywel Dda | 31 | 2 |
| Powys | 6 | 0 |
| Velindre | 3 | 1 |
| **TOTAL** | **288** | **23** |

Those who have completed the questionnaire work across a variety of ward groups including Community Hospital, Elderly Care, Mental Health, Paediatrics and Surgical. The majority of ward managers had been in ward manager post for over a year, with 11 in post for over five years. In the main, the wards had started TC at some point in 2011, although 4 wards began in 2010. 2 wards were relatively new to TC, having only begun this year.

## 2.2 TRAINING AND EDUCATIONAL MATERIALS

The first section was designed to capture a sense of how useful the ward managers found the training and educational materials for Transforming Care.

### 2.2.1 Training sessions

The majority of ward managers received training sessions led by both NLIAH staff and health board facilitators. These training sessions were conducted primarily away from the ward at a local health board event, but some training was given on the ward as well as at national NLIAH events. Although there were a few reports of missed sessions (i.e. due to clinical workload), on the whole ward managers were able to attend most, if not all, of the available training sessions.

[1] The questionnaire has not yet been distributed in Cwm Taf due to the fact that R+D permission has not yet been granted

Over 80% of ward managers felt that overall the training had been delivered well and 65% felt that the training had provided them with everything they needed at the time. When asked if the quality of training they received was excellent, 60% agreed to some extent, but almost a third of ward managers neither agreed nor disagreed. Of the five compulsory elements of TC, feedback regarding the Patient and Family Centred Care training seemed least positive – with seven managers stating that the training was *neither good nor poor* or *fairly poor.*

Ward managers were asked how the training could have been improved. In two cases, respondents had reported accessing training that they felt was not relevant to their ward. Responses commented on the appropriate length and time of training sessions. For example, 3 ward managers felt that the training could have been condensed into fewer sessions, where as others felt that they actually needed more time to take the information on board:

*"Far too much valuable information to take on board in one session"*

*"I felt there was a lot of wasted time on the study days which could have been utilised more effectively"*

A few suggestions were given in relation to the format of the training:

*"It should be clinically based training, not delivered by PowerPoint"*

*"The format of delivery needs review...PowerPoint can lose the important messages contained"*

### 2.2.2 Educational materials

Table 3 (below) shows the number of wards that have either fully implemented or are in the process of implementing the components of 'Releasing Time to Care' or 'Value Added Care' module. In addition, the table shows the feedback in relation to each component's workbook. The data shows that overall 42% felt the workbooks were clear and easy to use, and 56% felt that some areas of the workbooks were of assistance. The correct set of workbooks were made available to wards managers for the entirety of the project in over 75% of cases, and the majority of those were provided as a hard copy.

### 2.2.3 Other

Just over half of the ward managers reported producing a written communication plan to assist with implementing the 'Releasing Time to Care' (or 'Value Added Care') module.

Only 5 ward managers reported applying the Transforming Care methodology to other systems or aspects of practice, aside from the components listed in the table above. It has been noted however, that these instances may be underreported due to lack of awareness. The areas in which the transferrable methodologies have been applied (and recognised) however include recording of skin bundles and joint working between wards for older adults.

## 2.3 ONGOING SUPPORT FROM HEALTH BOARD FACILITATORS AND NLIAH STAFF

### 2.3.1 Health board facilitators

In the main, health board facilitator support is provided to the wards around half a day a month, or less. Meetings held are generally used to discuss the following types of issues:

- Equipment and resources

  *"High cost of having board wall mounted and so not ordered"*

  *"Difficulty in having the time to release staff due to sickness"*

**Table 3** · Progress against components and ease of use of workbooks

| Module components | Fully Completed and Implemented | Implementation in progress | Workbook was clear and easy to use | Some areas of the workbook to be of assistance | Workbook complex and difficult to use |
|---|---|---|---|---|---|
| Knowing how we are doing | 17 | 5 | 9 | 12 | 1 |
| Well organised ward | 14 | 7 | 11 | 11 | 0 |
| Patient status at a glance | 18 | 1 | 14 | 8 | 0 |
| Meals | 13 | 3 | 7 | 12 | 0 |
| Patient hygiene | 11 | 2 | 7 | 8 | 0 |
| Nursing procedures | 9 | 5 | 7 | 11 | 0 |
| Ward round | 9 | 4 | 5 | 7 | 1 |
| Patient observations | 9 | 4 | 6 | 9 | 1 |
| Admissions and planned discharge | 9 | 5 | 7 | 10 | 0 |
| Shift handovers | 12 | 7 | 8 | 11 | 1 |
| Medicines | 8 | 7 | 7 | 11 | 0 |
| Managing drug administration | 10 | 5 | 8 | 9 | 0 |
| Good stock management | 15 | 4 | 8 | 12 | 0 |
| Forward planning | 9 | 6 | 6 | 12 | 0 |
| Multidisciplinary team working | 13 | 4 | 8 | 11 | 0 |
| Patient involvement | 11 | 6 | 6 | 10 | 0 |
| Safe and supportive observations | 9 | 6 | 7 | 9 | 0 |
| Patient wellbeing | 7 | 6 | 6 | 9 | 1 |
| Therapeutic interventions | 5 | 7 | 6 | 8 | 0 |

- Feedback on progress

  *"Tracker update"*

  *"Discussion regarding presentation of progress with TC in readiness for presentation to trust board"*

- PSAG boards

  *"discussion...on where the PSAG board could be place"*

- Involving staff

  *"lack of feedback and enthusiasm from ward staff at meeting – ways forward"*

16 ward managers agreed that the relationship between them and their local facilitator has helped them to implement TC on their ward (12 of which strongly agreed), 4 neither agreed nor disagreed with the statement, 2 tended to disagree and 1 strongly disagreed.

14 ward managers strongly agreed that they had complete ownership of TC on their ward, and a further 6 agreed. Although, respondents were less certain that they had been given the full range of skills to implement TC on their ward. Although 14 agreed to some extent with the statement, 8 neither agreed nor disagreed.

Ward managers were asked how their relationship with health board facilitators could be improved. Of the 13 responses, at least 5 alluded to the issue of time, and there was a sense that ward managers would benefit from more time with their health board facilitator. It was suggested that this could be achieved in a number of ways including being given designated time out to spend with facilitators, giving facilitators more time to be effective in their role, and syncing the start and finish dates of similar wards so that there was not a duplication of facilitator efforts. 4 ward managers provided very positive comments about their facilitators: *"[I] have found them a valuable support throughout...[they] encourage and motivate when things are going slowly or not moving forward as I would like"*

### 2.3.2 NLIAH Staff

Ward managers were asked about what and how much support they received from NLIAH staff. In relation to 'general advice', the majority of stated that they had either received support once or not at all. However, one respondent stated *'many times in the initial stage'*. Of those who had received general advice, the total support time range from 30 minutes to 5 days. In relation to 'requests for resources', 'additional training' and 'visits to the ward', again, the majority stated that they had received support once or not at all.

## 2.4 CONFERENCES, EVENTS, TRAINING AND OTHER MEETINGS

Ward managers were asked about the role of national and local events in implementing TC. Firstly, they were asked how far they themselves, and others on their wards, had been able to attend various different meetings related to TC. There were mixed responses, ranging from *always* to *never.* In over 50% of cases, ward managers reported *never* being able to attend national training events. Similarly, they reported over 50% of other staff members *never* being able to attend national training events or national conferences either.

Responses about the usefulness of such events were positive, with approximately 60% agreeing that local events had always helped to move forward TC and almost 80% agreeing that national events were useful in sharing messages and learning from others. As might be expected, one respondent requested more time to attend such meetings.

## 2.5 RESOURCING

The questionnaire was designed to gauge how far the resources that are needed to implement TC had been allocated to wards. Although many felt they were fully equipped to undertake the work required, a higher proportion reported having to organise the equipment for themselves. In such cases, ward managers felt that the implementation of the programme was delayed slightly whilst they tried to access the equipment. No ward managers stated that they led the programme and delivered most actions themselves. Rather, responsibility for TC is shared amongst the ward. Just over two-fifths suggested that they lead the programme but have delegated some specific actions to members of the

team, and the remainder act more as a 'figurehead', wherein the whole team have taken a shared responsibility for moving issues forward.

The extent to which senior ward managers and directors had viewed TC at work varied. Six ward managers reported that their senior managers/directors had not yet visited the ward to see the work they had been doing on Transforming Care, five stated once, and 11 stated more than once. A number of ward managers noted that their senior managers/directors had visited on several occasions, or even weekly. Table 4 below gives a further insight into how frequently certain things are occurring in the TC projects.

**Table 4** · Frequency of key events occurring in TC

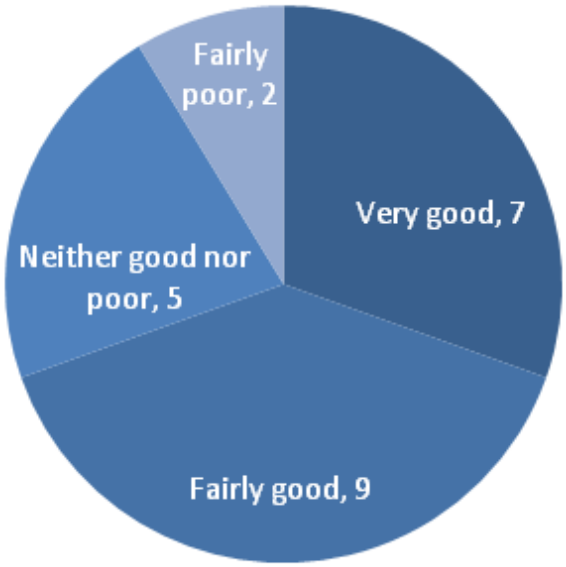
| | Always | Often | Sometimes | Rarely | Never |
|---|---|---|---|---|---|
| We engage patients in our ward implementation team | 3 | 8 | 7 | 1 | 4 |
| Our senior nurse asks for updates on progress on Transforming Care | 6 | 9 | 6 | 1 | 1 |
| Our senior nurse discusses Transforming Care methodologies with us | 4 | 4 | 8 | 4 | 3 |
| People who join the ward are trained to make sure they can work within the parameters that have evolved during the programme | 8 | 8 | 5 | 1 | 1 |
| Where appropriate, new Standard Operating Procedures are developed | 8 | 7 | 6 | 1 | 1 |
| We measure the impact of changes made | 7 | 0 | 5 | 0 | 1 |

Ward managers were asked what particular circumstances, if any, had made the implementation of Transforming Care challenging on their wards. There were two frequent themes in the responses. These included issues relating to time and resources, and, issues relating to the motivation and resistance of staff.

> *"The current financial climate is proving to be challenging for managing our resources (e.g. time, staff etc)"*
>
> *"Staff are not always happy to undertake 'projects' instead of patient care"*
>
> *"Adopting new ways of working which are different from the norm"*

Ward managers were asked a final few overall questions at the end of the questionnaire. The pie chart below (Figure 1) shows how good/poor they found the support they received for the implementation of TC on their wards:

**Figure 1** · Ward managers opinion of the overall support received to implement TC




Ward managers provided suggestions about what else NLIAH could do to support the implementation of Transforming Care on their wards:

*"More communication and training"*

*"More ward based sessions to inform all/raise awareness within the team at the start as to the purpose of Transforming Care"*

*"A small budget made available for things such as colour printing, purchasing tape etc"*

*"[They] have always been extremely supportive and helpful"*

Ward managers provided suggestions about what else health boards could do to support the implementation of TC on their wards:

*"Allocate more time"*

*"Allow changes to become sustained practice before implementing more changes"*

*"To commit with the funding it would reduce delays".*

# 3 · RESEARCH FINDINGS – FACILITATOR QUESTIONNAIRE

## 3.1 INTRODUCTION

This chapter is based on the analysis of 9 responses received to date via the online facilitator questionnaire. A copy of the ward manager questionnaire is at Appendix II. By dint of the lower number of responses, this section is much shorter than that for the ward manager questionnaire (above). It should be noted that the experience of the facilitators filling in the questionnaire varied from those who had worked on 25 wards to those who had worked on 5 – in this limited sample the average number of wards worked on was 12.5.

## 3.2 TRAINING AND EDUCATIONAL MATERIALS

The first section was designed to capture a sense of how useful the ward managers found the training and educational materials for Transforming Care. Opinion was mixed, with a range of responses across the 'strongly agree' to 'strongly disagree' scale in respect of the quality of delivery, scope and coverage of the training and updates received after the initial training had been received. Overall a need to sharpen the focus on the operational facilitation relationship was advocated by respondents.

Facilitators suggested that there had been some really good progress made at ward level against the core components of TC – this sense of completeness was rather more patchy, as one would expect, from the optional components. That said, where things had been begun, often progress was being made relatively effectively. Interestingly, and positively, more than half of the respondents had identified the methodology of TC being used in different contexts.

## 3.3 ONGOING SUPPORT FROM HEALTH BOARD FACILITATORS AND NLIAH STAFF

In the main, facilitators in the sample are providing at least 0.5 days per month of support to TC wards. However, three of the nine facilitators commented that they were providing more than a day per month in support to wards. In terms of the main issues that are raised in ward-level sessions, staff engagement emerged as a consistent theme – things also discussed include time management and resource levels.

In terms of the relationships between facilitators and NLIAH staff, there were mixed opinions expressed. There was a feeling that NLIAH staff could do more to help move the specifics of TC forward at ward level, and that the relationship could at times be much closer. A better fit between the operational needs of ward managers and facilitators and the strategic role of NLIAH was advocated.

## 3.4 CONFERENCES, EVENTS, TRAINING AND OTHER MEETINGS

Much more positively, facilitators reported that they had the opportunity to attend national events and conferences and found these to be good for sharing messages and learning from others, and overall felt that such meetings had helped to move TC forward locally.

In terms of improvements to these meetings, suggestions were made about using a range of locations all across Wales, and targeting a wider range of professional groups as delegates, which would broaden the base of those with a working knowledge of the benefits that TC has been able to deliver at ward level.

## 3.5 RESOURCING

Facilitators expressed some frustrations at not always being able to put their hands on the necessary 'kit' to work at ward level – whether as a function of budgets or procedures within organisations. In addition there were a range of comments about how far NLIAH were able to provide any practical assistance with regard to local resources – especially of time – but there was some feedback about the resources that could be deployed differently. In particular this focused on NLIAH's national role and any influence it may be able to bring to bear on effective sustainable cultural change necessitated by TC.

Overall, facilitators were entirely balanced on the question of how good or poor the support received to implement TC. One felt it was 'very good, and one felt it was 'very poor'; two felt it was 'fairly good' with another two rating it as 'fairly poor'. Three people stated that it was 'neither good nor poor'.

# 4 · RESEARCH FINDINGS – INTERVIEWS AND DISCUSSION GROUPS

## 4.1 INTRODUCTION

This chapter reports the findings from the 10 interviews and one discussion group that have been held to date with stakeholders and facilitators. The questions used for the interviews, along with the more unstructured focus group discussions (see Appendix III for indicative questions) have provided commentary which can be categorised in five main areas:

- NLIAH's strengths
- Issues for NLIAH to consider
- NLIAH's role in sustainability
- Resourcing
- Issues around targets and multidisciplinary working

## 4.2 NLIAH'S STRENGTHS

Views on NLIAH as an organisation were mixed with one interviewee describing themselves from the outset as 'an NLIAH lover' and others seemingly more critical of the central role that NLIAH has played in the delivery of TC. There was though a strong bias in favour of the NLIAH team emerging from the staff who were directly involved in delivering local facilitation on the programme. Relationships with the NLIAH Service Improvement team were described as 'extremely good' and 'brilliant'. There were also positive comments on the quality of the training being delivered by NLIAH staff which was thought to be better that the training being delivered by facilitators locally since the NLIAH team had a 'more substantial knowledge base'.

Much comment was received about the networking opportunities provided by NLIAH events, all of which was positive, with people noting the valuable 'wider view' that NLIAH provides. There were also positive comments about NLIAH's capacity to share 'best practice'. NLIAH were described as having provided useful statistical support to wards during the pilot phase of implementation but moving into the phase where this work needed to be done locally did produce some comment about feeling 'abandoned'. There were some geographical variations in comments around the availability of the NLIAH team but generally the comments were positive with the Service Improvement Managers described as 'always available at the end of the phone' and 'wards do not have to look very far to get NLIAH support'. Additionally the 'facilitative approach' adopted by the NLIAH team was commented on positively.

## 4.3 ISSUES FOR NLIAH TO CONSIDER

There were comments offered around the lack of a 'knowledge base' about the everyday pressures of working at ward level amongst the NLIAH team. One interviewee specifically criticised the timing of the recent celebration event as being 'to near to the end of the year when staff are using up their annual leave allowance'. Another criticised a request by the Service Improvement Manager to organise a full day training session with six staff and a consultant from the same ward, describing it as 'completely unrealistic'. It should be noted that these comments were not reflected in discussions with NLIAH trained facilitators.

There were also criticisms about the lack of equipment needed for the programme and the number of workbooks provided.

## 4.4 RESOURCING

Resourcing of TC at Health Board level was clearly patchy and a fairly universal gripe among interviewees. One interviewee had estimated the 'backfilling costs' for freeing up nursing time to do the work needed for the programme implementation as £2000 per ward. A variety of examples of short term secondments and redeployments were described but the amount of time available (almost always described as a lack of time) to do the TC work was a constant comment. There were also descriptions offered of the use of 'soft' monies to fund some of the equipment needed for the programme when NHS budgets were not available for these items and laudable examples of staff who had used their own money to buy cameras and pedometers in order to progress with the programme.

## 4.5 NLIAH'S ROLE IN SUSTAINABILITY

From the outset it became evident that sustainability is considered to be 'absolutely critical'. Some interviewees described their involvement in their previous quality improvement programmes which had 'been allowed to lapse'. Others described a level of cynicism from ward staff who were concerned that TC is simply 'the latest thing'. One interviewee described TC as 'fantastic' but believed that the need for sustainability was 'not always recognised by management'.

After the first interviews specific questions were added to the schedule about NLIAH's role in helping to sustain TC on wards where implementation had commenced. Views on this matter varied, but senior interviewees were asked whether or not the Health Board had any form of sustainability plan. One Health Board saw this an integral part of their organisational development programme which links development funding to quality improvement and specifically referred to consider the leadership skills required in TC as a component of succession planning. Another Health Board had already commenced a 're-training programme' for staff who had undertaken TC training prior to implementation at ward level.

One interviewee was specific that sustainability should be based around the reporting of outcomes and that medical engagement with the programme would be facilitated that way. When questioned about medical involvement, all interviewees described this as 'sporadic' or 'patchy'. Questions about the role that NLIAH might play in sustainability brought forward widely differing views ranging from 'nothing' to a more positive expectation that NLIAH are key to maintaining the profile of TC through 'making it important to important people'. A longer term view about sustainability came forward from nurse educators. The view was expressed that students who worked on TC wards were finding the experience 'motivational' and describing the environment as more 'positive' on those wards. In fact one university has made curriculum changes related to the inclusion of a project and presentation to managers specifically to allow students to use TC methodologies.

## 4.6 ISSUES AROUND TARGETS AND MULTIDISCIPLINARY WORKING

There were two themes which emerged on targets: these focused on whether the timetables set for implementation were realistic, and whether targets were needed at all.

There was an almost universal view that any expectation of major cultural change of the type required for effective transformation of working practises cannot be achieved in a short timescale. One facilitator pointed out that staff rotation schemes meant that it would take a full year for all of the staff

who work on one particular ward to have worked there whilst the TC programme was in place. One interviewee was of the view that embedding TC into the NHS would take a 'generation' of nurses.

All but one interviewee was supportive of the principle of having targets for implementation the dissenting voice stating that 'targets do not matter but sustainability does'. One interviewee stated that targets were essential since improved outcomes on TC wards meant that managers were implicitly accepting sub-optimal care on other wards and this should not continue for any longer than was absolutely necessary.

Most comments on multidisciplinary working on TC saw this as an area where there was largely good co-operative work going on at ward level but a rather sparser engagement of allied health professionals in steering groups and other decision making bodies. One interviewee commented that the '1000 Lives Plus' campaign was forcing more effective multidisciplinary working and that TC could be a mechanism to speed up multidisciplinary work. There were also comments that to date TC had been too 'nursing centric'. There was though a universally positive view about how TC was beneficial to the nursing profession with one interviewee describing it as an 'evangelical movement'.

Medical engagement (see above also) was thought to be best achieved through describing and reporting outcomes. One interviewee commented that doctors were not interested in the processes in place to achieve the outcomes but there were regular conversations taking place between doctors about improved outcomes and the increased time available to nurses to provide direct patient care.

# 5 · EMERGENT THEMES

At this stage, it is not possible to be definitive about the nature of the evidence that has been collected. However, there are clearly a range of themes that are emerging. There are three themes in particular which have come to the fore.

## 5.1 MANAGING EXPECTATIONS

It is certainly the case that with TC, as well as similar national programmes, managing the expectations of all relevant stakeholders is essential. In terms of this management, NLIAH needs to be realistic about trying to influence those who have the overall control over the timescales for implementation given the importance of TC for NHS Wales as a whole. In addition greater clarity could be offered about accountability frameworks and NLIAH's potential role in developing them. More generally, NLIAH could be more specific about what they can do at the outset of any implementation activity and be clear about what they can do in the future. Therefore NLIAH needs to think carefully about both their entry and exit strategies, and may wish to consider re-specifying the nature of the relationship between themselves and HBs. For example, whether this is on the basis of a new 'compact' or a written SLA, there is scope for considering a different way of managing expectations.

## 5.2 ENGAGING A BROADER CONSTITUENCY

Secondly, TC affords a range of opportunities to health boards which should be seized. There are a range of partners involved in the 'delivery' of TC – like educational institutions – who have need to rethink their positions given the data that has emerged from wards to this point. Further TC has had the effect of catalysing multi-disciplinary working at the ward level in a way that is infrequently seen. Taking advantage of this situation is clearly important and NLIAH might do well to consider how their support could be used to further optimise this. Finally there is also scope for the engagement of other professions – those in allied health professions and medics – whose support could help further embed the successes seen at ward level. NLIAH should reflect on whether there is a role in developing this broader constituency.

## 5.3 SUSTAINABILITY

Thirdly, the sustainability of TC is uppermost in the minds of those engaged in delivering it. Many of these decisions, as our research to date has shown, are for those at a local level in response to health board strategic and operational priorities. However, given its ability to influence at a strategic level, NLIAH should take seriously the role it has in sharing good practice and keep profile of TC at a high level nationally, and across the UK. In doing this NLIAH should consider the approach it takes to the whole programme. There is a delicate balance to be struck between the needs of nationally driven programme with the bottom-up approach of TC in re-professionalising and empowering nurses to be effective drivers for change.

In conclusion, Figures 2 and 3 (below) are 'wordles' of the open text comments that have emerged from the questions in the surveys all focused on how the implementation could be improved. Figure 2 comes from the ward managers, and Figure 3 from the facilitators. Whilst they are clearly not a 'statistically significant' method, they provide an interesting insight into the differing viewpoints. The relative sizes of words like 'time', 'support', 'staff', 'ward', 'NLIAH' and 'training' are in some ways quite instructive.

**Figure 2** · Wordle of 'improvements' from Ward Manager questionnaire (n=23)

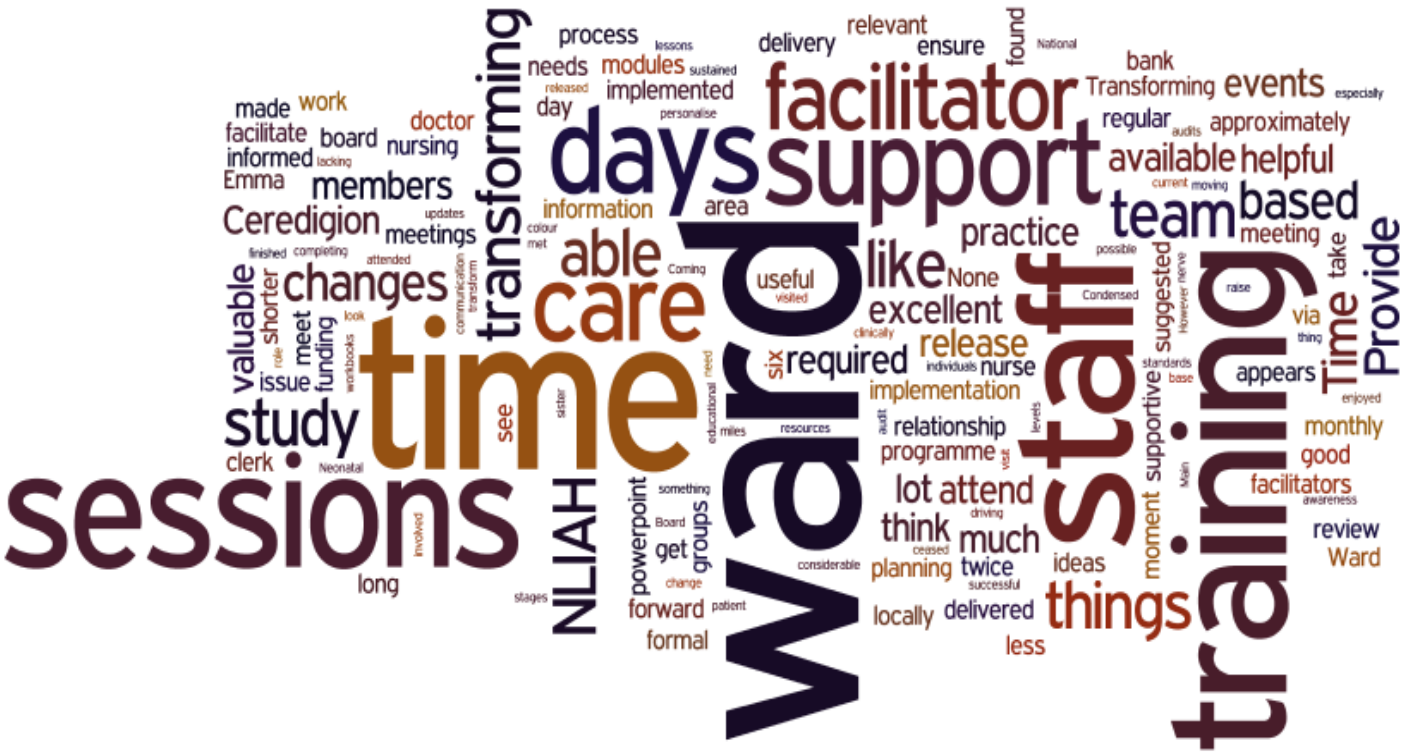
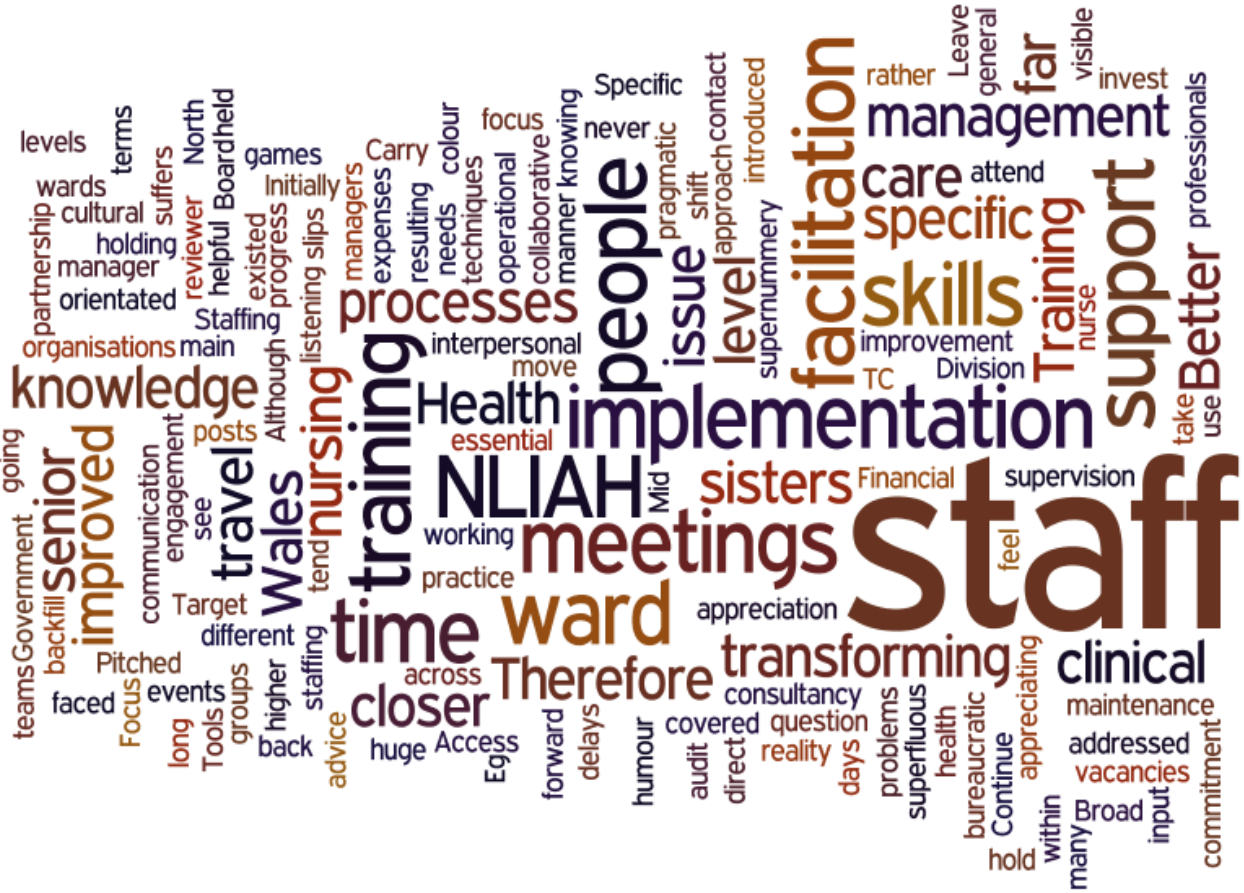



**Figure 3** · Wordle of 'improvements' from Facilitator questionnaire (n=9)



## APPENDIX I · Ward manager questionnaire

### PROFILE QUESTIONS

| | |
|---|---|
| Health Board: (drop down list) | Hospital: OPTIONAL |
| Ward Group: (drop down list) | Sub Group: OPTIONAL |
| Local facilitator name: | TC start date: |
| Are you the Ward Manager: Y/N | If you are the Ward Manager, for how long have you been one?: LESS THAN 1 YEAR, 1-5 YEARS, MORE THAN 5 YEARS |

### SECTION 1 TRAINING AND EDUCATIONAL MATERIALS

1.1 Where did you receive the Transforming Care training?
ON THE WARD
AWAY FROM THE WARD AT A HEALTH BOARD TRAINING SESSION
AT AN NLIAH NATIONAL TRAINING EVENT

1.2 Who led the training session you attended?
HEALTH BOARD FACILITATOR
NLIAH STAFF
A COMBINATION OF THESE TWO

1.3 How many of the available training sessions were you able to attend? NUMBER

1.4 How many did you miss? NUMBER

1.5 How far would you agree or disagree with the following statements: STRONGLY AGREE, TEND TO AGREE, NEITHER AGREE NOR DISAGREE, TEND TO DISAGREE, STRONGLY DISAGREE

Overall the training was delivered well

It provided me with everything I needed at the time

The quality of the training was excellent

1.6 Specifically, how good or poor has the training been for the five compulsory elements of Transforming Care? VERY GOOD, FAIRLY GOOD, NEITHER GOOD NOR POOR, FAIRLY POOR, VERY POOR, NOT ATTENDED

Releasing Time to Care or Value Added Care
Leadership
Teamwork and Vitality
Safety and Reliability
Patient and Family Centred Care

1.7 How could the training have been improved? OPEN TEXT

1.8 The following table lists the different components of the 'Releasing Time to Care' or 'Value Added Care' module. Please mark the boxes below to show your ward's progress against these components.

| Component | Not Yet Commenced | Implementation in Progress | Fully Completed and Implemented | Not Currently Planned/Not Applicable |
|---|---|---|---|---|
| a. Knowing How We Are Doing | | | | |
| b. Well Organised Ward | | | | |
| c. Patient Status at a Glance | | | | |
| d. Meals | | | | |
| e. Patient Hygiene | | | | |
| f. Nursing Procedures | | | | |
| g. Ward Round | | | | |
| h. Patient Observations | | | | |
| i. Admissions and Planned Discharge | | | | |
| j. Shift Handovers | | | | |
| k. Medicines | | | | |
| l. Managing Drug Administration | | | | |
| m. Good Stock Management | | | | |
| n. Forward Planning | | | | |
| o. Multidisciplinary Team Working | | | | |
| p. Patient Involvement | | | | |
| q. Safe and Supportive Observations | | | | |
| r. Patient Wellbeing | | | | |
| s. Therapeutic Interventions | | | | |

1.9 For each of the work areas please give an indication of how helpful or otherwise you found the workbooks:

| Component | The workbook was clear and easy to use | Some areas of the workbook were of assistance | The workbook was complex and difficult for the ward team to use | Not applicable |
|---|---|---|---|---|
| a. Knowing How We Are Doing | | | | |
| b. Well Organised Ward | | | | |
| c. Patient Status at a Glance | | | | |

| | | | | |
|---|---|---|---|---|
| d. Meals | | | | |
| e. Patient Hygiene | | | | |
| f. Nursing Procedures | | | | |
| g. Ward Round | | | | |
| h. Patient Observations | | | | |
| i. Admissions and Planned Discharge | | | | |
| j. Shift Handovers | | | | |
| k. Medicines | | | | |
| l. Managing Drug Administration | | | | |
| m. Good Stock Management | | | | |
| n. Forward Planning | | | | |
| o. Multidisciplinary Team Working | | | | |
| p. Patient Involvement | | | | |
| q. Safe and Supportive Observations | | | | |
| r. Patient Wellbeing | | | | |
| s. Therapeutic Interventions | | | | |

1.10 Was the correct set of workbooks made available to you for the entirety of the project? Y/N

1.11 Were these made available as a hard copy or electronically? HARD COPY/ELECTRONICALLY/BOTH

1.12 Did the ward team produce a written communication plan to assist with implementing this module? Y/N

1.13 Have you applied the Transforming Care methodology to any other systems or aspects of practise aside from those covered above? IF YES, PLEASE SPECIFY.

## SECTION 2 ONGOING SUPPORT FROM HEALTH BOARD FACILITATORS AND NLIAH STAFF

2.1 On average, how much health board facilitator support is available to you to assist in the implementation of Transforming Care for you ward?

LESS THAN 0.5 DAYS PER MONTH
AROUND 0.5 DAYS PER MONTH
BETWEEN 0.5 AND 1 DAY PER MONTH
MORE THAN ONE DAY PER MONTH (PLEASE SPECIFY)

2.2 Please give some details of the issues discussed during your last 3 meetings with your local facilitator.

2.3 How far would you agree or disagree with the following statements: STRONGLY AGREE, TEND TO AGREE, NEITHER AGREE NOR DISAGREE, TEND TO DISAGREE, STRONGLY DISAGREE

The relationship between me and the local facilitator has helped to implement Transforming Care on our ward

The team have complete ownership of Transforming Care on our ward

We have been given the full range skills to implement Transforming Care on our ward

2.4 How could the relationship with your health board facilitator be improved? OPEN TEXT

2.5 In addition to the support you have received from your health board facilitator, what and how much support (if any) have you received directly from NLIAH staff?

| **Type of support received** | **How many times?** (Mark '0' if you've not received any support from NLIAH staff) | **Estimated total time of support** (in units of half days e.g. 1.5 days) |
|---|---|---|
| General advice | | |
| Request for resources | | |
| Additional training | | |
| Visit to the ward for support | | |
| Other (please specify) | | |

## SECTION 3 CONFERENCES, EVENTS, TRAINING AND OTHER MEETINGS

3.1 Where applicable, how far have you or someone else from your ward been able to get away to attend various different meetings related to the Transforming Care project?

| **Frequency of attending meetings** | **Ward Manager** | | | | | | **Someone else from our ward** | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Always** | **Often** | **Sometimes** | **Rarely** | **Never** | **Not applicable** | **Always** | **Often** | **Sometimes** | **Rarely** | **Never** | **Not applicable** |
| Health board-run training events | | | | | | | | | | | | |
| Health board meetings | | | | | | | | | | | | |
| National training events | | | | | | | | | | | | |
| National conferences | | | | | | | | | | | | |

3.2 How far would you agree or disagree with the following statements: STRONGLY AGREE, TEND TO AGREE, NEITHER AGREE NOR DISAGREE, TEND TO DISAGREE, STRONGLY DISAGREE

We've always been made aware of when important meetings are coming up

Local events have always helped to move Transforming Care forwards on our ward

National events are very useful in sharing messages and learning from others

3.3 How would you improve on the current range of events and meetings on offer? OPEN TEXT

## SECTION 4 RESOURCING

4.1 Implementation requires the ability to access a range of equipment including a camcorder, stopwatch, pedometer, white boards, a DVD player and a variety of stationery items. How far did you have the right equipment available? (Tick all that apply)

WE WERE FULLY EQUIPPED TO UNDERTAKE THE WORK REQUIRED

EQUIPMENT WAS AVAILABLE BUT THERE WERE LOCAL DIFFICULTIES IN MAKING IT USABLE

WE HAD TO ORGANISE SOME OF THE EQUIPMENT FOR OURSELVES AS A TEAM

THERE WAS EFFECTIVELY NO EQUIPMENT AVAILABLE AND WE HAD TO 'MAKE DO AND MEND'

4.2 What was the impact of having/not having the right equipment available? (Please tick one of the boxes below)?

EQUIPMENT WAS AVAILABLE WHENEVER WE NEEDED IT AND NO DELAY WAS EXPERIENCED IMPLEMENTING TRANSFORMING CARE THROUGH EQUIPMENT DELAYS

THE IMPLEMENTATION PROGRAMME WAS DELAYED SLIGHTLY WHILST WE TRIED TO ACCESS THE EQUIPMENT

CONSIDERABLE DELAYS AND FRUSTRATIONS WERE EXPERIENCED BECAUSE WE DID NOT HAVE THE TOOLS TO DO THE WORK WHEN THEY WERE NEEDED

4.3 How far have you shared the responsibilities for Transforming Care on your ward? Please select the answer that most closely describes your situation.

I LEAD THE PROGRAMME AND DELIVER MOST ACTIONS MYSELF

I LEAD THE PROGRAMME BUT HAVE DELEGATED SOME SPECIFIC ACTIONS TO MEMBERS OF MY TIME

I ACT AS THE 'FIGUREHEAD' BUT THE WHOLE TEAM HAVE TAKEN A SHARED RESPONSIBILITY FOR MOVING THE ISSUES FORWARD.

4.4 How many times have senior managers or Directors visited your ward to see the work you are doing on the programme (specifically managers other than the senior nurse to whom you are accountable)? NUMBER

4.5 How frequently do the following things happen? ALWAYS, OFTEN, SOMETIMES, RARELY, NEVER

We engage patients in our ward implementation team

Our senior nurse asks for updates on progress on Transforming Care

Our senior nurse discusses Transforming Care methodologies with us

People who join the ward team are trained to make sure they can work within the parameters that have evolved during the programme

Where appropriate, new Standard Operating Procedures are developed

We measure the impact of changes made

4.6 What particular circumstances, if any, have made the implementation of Transforming Care particularly challenging on your ward? OPEN TEXT

## SECTION 5 OVERALL

5.1 Overall, how good or poor was the support you received to implement Transforming Care on your ward? VERY GOOD, FAIRLY GOOD, NEITHER GOOD NOR POOR, FAIRLY POOR, VERY POOR

5.2 What else could NLIAH do to support the implementation of Transforming Care on your ward? OPEN TEXT

5.3 What else could your health board do to support the implementation of Transforming Care on your ward? OPEN TEXT

## APPENDIX II · Facilitator questionnaire

### PROFILE QUESTIONS

| |
|---|
| Health Board: (drop down list) |
| When did you become a TC Facilitator: |
| On how many wards within your health board have you worked as a TC facilitator: |

### SECTION 1 TRAINING AND EDUCATIONAL MATERIALS

1.1 How far would you agree or disagree with the following statements: STRONGLY AGREE, TEND TO AGREE, NEITHER AGREE NOR DISAGREE, TEND TO DISAGREE, STRONGLY DISAGREE

Overall the facilitator training was delivered well

It provided me with everything I needed at the time

The quality of the training was excellent

Since the initial training, I have received all of the updates I need from NLIAH staff

1.2 How could the training have been improved? OPEN TEXT

1.3 Where are the current gaps in your training and education? OPEN TEXT

1.4 The following table lists the different components of the 'Releasing Time to Care' or 'Value Added Care' module. Please mark the boxes below to show overall how well you feel wards have been able to take forward the different components of the module.

| Component | Wards have responded brilliantly and made significant progress | Wards are implementing this component but success is patchy | Wards have struggled to get to grips with this component part | Very few wards have done this – therefore difficult to comment |
|---|---|---|---|---|
| a. Knowing How We Are Doing | | | | |
| b. Well Organised Ward | | | | |
| c. Patient Status at a Glance | | | | |
| d. Meals | | | | |
| e. Patient Hygiene | | | | |
| f. Nursing Procedures | | | | |
| g. Ward Round | | | | |
| h. Patient Observations | | | | |
| i. Admissions and Planned Discharge | | | | |
| j. Shift Handovers | | | | |

| | | | | |
|---|---|---|---|---|
| k. Medicines | | | | |
| l. Managing Drug Administration | | | | |
| m. Good Stock Management | | | | |
| n. Forward Planning | | | | |
| o. Multidisciplinary Team Working | | | | |
| p. Patient Involvement | | | | |
| q. Safe and Supportive Observations | | | | |
| r. Patient Wellbeing | | | | |
| s. Therapeutic Interventions | | | | |

1.5 Have you seen the Transforming Care methodology applied to any other systems or aspects of practise aside from those covered above? IF YES, PLEASE SPECIFY.

## SECTION 2 ONGOING SUPPORT FROM HEALTH BOARD FACILITATORS AND NLIAH STAFF

2.1 On average, how much support do you provide *per ward* to assist them in the implementation of Transforming Care?

LESS THAN 0.5 DAYS PER MONTH
AROUND 0.5 DAYS PER MONTH
BETWEEN 0.5 AND 1 DAY PER MONTH
MORE THAN ONE DAY PER MONTH (PLEASE SPECIFY)

2.2 Please give some details of the typical issues that you discuss during your ward meetings. What are the top three issues in your opinion? OPEN TEXT

2.3 How far would you agree or disagree with the following statements: STRONGLY AGREE, TEND TO AGREE, NEITHER AGREE NOR DISAGREE, TEND TO DISAGREE, STRONGLY DISAGREE

The relationship between me and NLIAH has helped to implement Transforming Care in our health board

The teams have complete ownership of Transforming Care on their wards

Meetings between me and NLIAH staff move the health board closer to achieving the aims of Transforming Care

I have given the full range skills to ward managers to implement Transforming Care

2.4 How could the relationship with NLIAH staff be improved? OPEN TEXT

## SECTION 3 CONFERENCES, EVENTS, TRAINING AND OTHER MEETINGS

3.1 How frequently have you been able to get away to attend various different meetings related to the Transforming Care project?

3.2 How far would you agree or disagree with the following statements: STRONGLY AGREE, TEND TO AGREE, NEITHER AGREE NOR DISAGREE, TEND TO DISAGREE, STRONGLY DISAGREE

I've always been made aware of when important meetings are coming up

Local events have always helped to move Transforming Care forwards in our health board

National events are very useful in sharing messages and learning from others

3.3 How would you improve on the current range of events and meetings on offer? OPEN TEXT

3.4 What other purposes could these events be put to? OPEN TEXT

## SECTION 4 RESOURCING

4.1 Implementation requires the ability to access a range of equipment including a camcorder, stopwatch, pedometer, white boards, a DVD player and a variety of stationery items. How far did you have the right equipment available within the health board? (Tick all that apply)

WE WERE FULLY EQUIPPED TO UNDERTAKE THE WORK REQUIRED

EQUIPMENT WAS AVAILABLE BUT THERE WERE LOCAL DIFFICULTIES IN MAKING IT USABLE

WE HAD TO ORGANISE SOME OF THE EQUIPMENT FOR OURSELVES AS A TEAM

THERE WAS EFFECTIVELY NO EQUIPMENT AVAILABLE AND WE HAD TO 'MAKE DO AND MEND'

4.2 What was the impact of having/not having the right equipment available? (Please tick one of the boxes below)?

EQUIPMENT WAS AVAILABLE WHENEVER WE NEEDED IT AND NO DELAY WAS EXPERIENCED IMPLEMENTING TRANSFORMING CARE THROUGH EQUIPMENT DELAYS

THE IMPLEMENTATION PROGRAMME WAS DELAYED SLIGHTLY WHILST WE TRIED TO ACCESS THE EQUIPMENT

CONSIDERABLE DELAYS AND FRUSTRATIONS WERE EXPERIENCED BECAUSE WE DID NOT HAVE THE TOOLS TO DO THE WORK WHEN THEY WERE NEEDED

4.3 What proportion of wards that you've been working with fit into the following categories? Please provide an overall estimate in terms of a percentage – and please ensure that they total 100%

ENOUGH WORK HAS BEEN DONE TO SUSTAIN THE PROGRAMME WITHOUT FURTHER INPUT FROM FACILITATORS

FROM TIME TO TIME IMPETUS WILL BE NEEDED BUT THERE IS A DEGREE OF SELF-SUFFICIENCY

SUSTAINING THE PROGRAMME STILL HAS SOME WAY TO GO AND A CONSIDERABLE AMOUNT OF FACILITATOR EFFORT WILL BE REQUIRED

4.4 Overall, to what extent is Transforming Care capable of being sustained in your health board? OPEN TEXT

4.5 What particular circumstances, if any, have made the implementation of Transforming Care particularly challenging in your health board? OPEN TEXT

4.6 What are the resource implications of being able to deliver Transforming Care effectively? Are these needs being met? OPEN TEXT

4.7 What would be the most effective change that could be made to the current circumstances? OPEN TEXT

## SECTION 5 OVERALL

5.1 Overall, how good or poor was the support you received to implement Transforming Care on your ward? VERY GOOD, FAIRLY GOOD, NEITHER GOOD NOR POOR, FAIRLY POOR, VERY POOR

5.2 What else could NLIAH do to support the implementation of Transforming Care in your health board? OPEN TEXT

## APPENDIX III · Indicative interview questions

How far have you been involved with the TC programme?

What is your understanding of the role played by NLIAH in the implementation of TC?

Is there a formal (written) agreement between your organisation and NLIAH which defines their respective roles in the implementation of TC? Should there be?

In your view, where does the balance of responsibility lie for implementing TC?

Overall, how well do you think NLIAH have supported the first phases of the implementation of TC?

What could have been done differently?

What do you think NLIAH could do more of/less of/do differently to facilitate the next phases of implementation?

What do you see as a realistic timescale for the full implementation of TC in Wales?

Do you have a plan for ensuring the sustainability of TC in your Health Board?

Do you see a role for NLIAH in sustaining the implementation of TC in the future?

Is there anything specific that NLIAH rather than HBs can do to ensure that the programme is sustained fully and expanded fully at an individual ward level?

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